## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed when appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address a indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" (a) maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of a

representation of the control of the control of the second of the second

27224

APPLN. TYPE

7590

01/31/2007

ARTHUR FREILICH 9045 CORBIN AVE, #260 NORTHRIDGE, CA 91324-3343 W951

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| (Depositor's name) | Arthur Freilich |  |  |  |
|--------------------|-----------------|--|--|--|
| (Signature)        | Carling Junto   |  |  |  |
| (Date)             | 03/02/07        |  |  |  |
|                    |                 |  |  |  |

| APPLICATION NO.   | FILING DATE | NG DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO |             | . CONFIRMATION NO. |  |  |  |  |
|---|-------------|---|-------------|--------------------|--|--|--|--|
| 10/613,484  | 07/02/2003  | Ralph J. Koerner                                | 203/514 CON | 5698               |  |  |  |  |
| TITLE OF INVENTION: IDENTIFICATION SYSTEM FOR MONITORING THE PRESENCE / ABSENCE OF MEMBERS OF A DEFINED SET |             |   |             |                    |  |  |  |  |

| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DUE  | PREV. PAID ISSUE FEE   | TOTAL FEE(S) DUE                                    | DATE DUE  |  |  |
|---|--|---|--|--|---|---|--|--|
| nonprovisional  | YES  | \$700   | \$300  | \$0  | \$1000  | · 04/30/2007                                      |  |  |
| EXAM  | INER   | ART UNIT  | CLASS-SUBCLASS   | ]  |   |   |  |  |
| WILLIAMS, I   | AWRENCE B  | 2611  | 375-224000   | •  |   |   |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Tree Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filting an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY) |  |   |  |  |   |   |  |  |
| Please check the appropr  4a. The following fee(s):   |  | categories (will not be pro   |  | Individual Corporation   |   | <del></del>                                       |  |  |
| Issue Fee   | are subtilities.   | 40  | . Payment of Fee(s): (Plea:  | se first reapply any previ   | iously paid issue fee sho                           | wn above)   |  |  |
| Publication Fee (No small entity discount permitted)  |  |   | A check is enclosed.   | I E PERO COSO :  |   |   |  |  |
| Advance Order -   |  |   | Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 501232 (enclose an extra copy of this form). |  |   |   |  |  |
| 5. Change in Entity Stat  | us (from status indicated  | above)  |  | -30  | 1232 (0101030 211 01                                | tua copy of this form).                           |  |  |
| a. Applicant claims   | SMALL ENTITY Statu   | s. See 37 CFR 1.27.   | ☐ b. Applicant is no long  | er claiming SMALL ENT  | TTY status. See 37 CFR                              | 1.27(g)(2).                                       |  |  |
| NOTE: The Issue Fee and interest as shown by the r  | Publication Fee (if requeecords of the United State                        | ired) will not be accepted<br>es Patent and Trademark                         | from anyone other than the   | e applicant; a registered a  | ttomey or agent; or the as                          | ssignee or other party in                         |  |  |
| Authorized Signature  | trilinia   | Junel   |  |  | WOWDAF2 00000005 5                                  |   |  |  |
|   | Arthur Fre   |   |  | 01 FC:2501<br>Registration: No. 949  |   |   |  |  |
| This collection of information application. Confident submitting the completed  | ation is required by 37 Cliality is governed by 35 application form to the | FR 1.311. The information<br>U.S.C. 122 and 37 CFR I<br>USPTO. Time will vary | n is required to obtain or re<br>.14. This collection is esti-<br>depending upon the indivi-   | tain a benefit by the publi<br>mated to take 12 minutes<br>dual case. Any comments | c which is to fire (and by to complete, including g | the USPTO to process)<br>athering, preparing, and |  |  |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.